

FILED DEC 2 - 1957

STANDARD CERTIFICATE OF DEATH

41718
STATE FILE NUMBER
10919

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Y <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Enroute City Hospital DOA				d. STREET ADDRESS 2022 Kraft			
3. NAME OF DECEASED (Type or print) First Charles Middle Lee. Last Barnett				4. DATE OF DEATH Month Nov. Day 14, Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 27, 1904	
9. AGE (In years last birthday) 35		10. KIND OF BUSINESS OR INDUSTRY Laborer Gas Co.		11. BIRTHPLACE (City and state or country) St. Elizabeth, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James L. Barnett				14. MOTHER'S MAIDEN NAME Dora Martin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. Nil.				16. SOCIAL SECURITY NO. 489-16-9225		17. INFORMANT Pearl Barnett 2022 Kraft	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shot gun wound of skull and brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) E976x				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input checked="" type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18) Self inflicted with shot gun in house on November 14th	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. 11 14 57 1957		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Louis Mo	
20g. COUNTY		20h. STATE					
21. I attended the deceased from 805 A to and last saw her alive on				Death occurred at m on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) Joseph M. Zund				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11/15/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-15-57		23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Iberia, Mo.	
24. FUNERAL DIRECTOR Hedges Funeral Home, Iberia, Mo.				25. DATE RECD. BY LOCAL REG. NOV 15 57		26. REGISTRAR'S SIGNATURE Carl Smith MO	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 426

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.